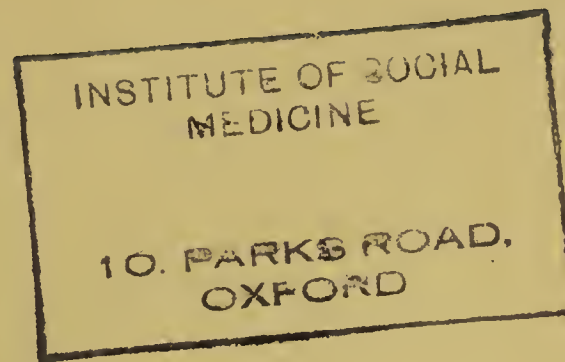


13/14.
1544.
AC.4484



WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

THE YEAR 1950

TITUS WILSON, KENDAL

CONTENTS

	PAGES
Child Guidance	6
Diphtheria Immunisation	8—9
Ear, Nose and Throat Defects	6
Handicapped Pupils	8
Introduction	3—4
Milk in Schools Scheme	5
Minor Ailments	7
Orthopædic Scheme	7—8
Senior Dental Officer's Report	10—11
Skin Diseases	7
Statistical Tables	12—20
Staff and Consultants	2
Summary of Work Done	10
Verminous Infestation	5—6
Visual Defects—Treatment	9

STAFF OF THE SCHOOL HEALTH SERVICE

School Medical Officer—John A. Guy, M.D., D.P.H.

Deputy School Medical Officer—C. Fleming, M.B., Ch.B., D.P.H.
(Resigned 30th September, 1950).

Assistant School Medical Officer—
F. M. Taylor, M.R.C.S., L.R.C.P.

Senior Dental Officer—J. Irvine, L.D.S.

Assistant School Dental Officer—
A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

Orthopaedic Nurse—Mrs. D. Williams, S.R.N.

School Nurse—Miss Holmes, S.R.N.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—
W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. J. Munro Campbell, Consultant Chest Physician, Meathop Sanatorium.

Consulting Psychiatrist—Dr. D. H. H. Thomas, Medical Superintendent, Royal Albert Hospital, Lancaster.

COUNTY HALL, KENDAL.

August, 1951.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Report on the School Health Service of the County for the year 1950.

During the past year Dr. Fleming, the Deputy School Medical Officer, left to take up a combined appointment in Staffordshire and the County Council decided not to replace him. This left a gap which it was difficult to bridge and it was decided to make use of the services of local practitioners in certain areas to supplement the work of the Assistant School Medical Officer and myself. This improvisation has obvious disadvantages but it was felt that it was the only scheme that offered any hope of success.

The situation with regard to the ascertainment of handicapped pupils is still an unsatisfactory one, particularly in regard to mentally sub-normal children. The only two doctors on the staff approved for this work are Dr. Taylor and myself and it has been impossible to cope with the growing waiting list. The system is to restrict ascertainment to the worst cases so far as possible and to those who are unable to benefit by education or who are distracting a class by their activities, or taking an inordinate share of the teacher's time. Unfortunately, the troubles do not cease when ascertainment has been completed. The Education Department find great difficulty in placing children who have been recommended for a special school. They are, however, fully conversant with the situation and have provided a number of special classes in ordinary schools as the only practical measure available short of providing additional special schools.

The Child Guidance Clinic continues to function, but owing to lack of staff and equipment it is employed more in the sphere of diagnosis than therapeutics. Dr. Thomas of the Royal Albert Hospital has replaced Dr. Braithwaite as consultant. The Educational Adviser continues to attend, providing a link between educational and health services. The Home visits and reporting are done by the Mental Health Worker.

The Orthopædic Clinic has also undergone changes. Formerly, a special clinic was held in the school clinic premises by Dr. Bucknell. After the advent of the National Health Service Act, however, another Orthopædic Clinic was set up at Ghyll Head, Kendal, under Mr. Kitchin, and the Regional Hospital Board saw little point in maintaining two clinics and found that it was possible to close Dr. Bucknell's clinic. Consequently, all school orthopædic cases in the Kendal area are now seen at Ghyll Head.

There has been a considerable fall in the number of attendances at the school clinic in Stramongate for minor ailments. This is to be expected under the National Health Service Act. In particular, the number of cases of septic sores has dropped appreciably. In the pre-sulphanilamide days these cases would drag on for weeks before being cured. Now, with the aid of sulpha drugs the condition would come under control within a short time.

In common with the rest of the country there has been a considerable increase in the school population. This has led to congestion in quite a number of schools. Some of my medical colleagues, and I am inclined to concur in their conclusions, feel that this overcrowding, particularly in the older schools where the ventilation often leaves much to be desired, is resulting in minor epidemics during the winter of respiratory disease — influenza, febrile colds and the like. The sanitary arrangements in a number of the country schools are not altogether satisfactory. In the majority of cases the latrines are either of the bucket or privy midden type. In the case of the former it is becoming increasingly difficult for the managers of schools to get these emptied. This disagreeable task is usually performed by the caretaker and it is now becoming increasingly difficult to find men who are willing to undertake the task. Undoubtedly, these latrines should be converted to the water carriage type but until the Development Scheme is finally approved it would be unwise to embark on extensive alterations if a school is likely to be closed within a relatively short period.

Operative treatment of tonsils and adenoids has approximately a one to two year lag between diagnosis and treatment. In view of this it is now our policy to recommend for operation only those cases which are of a relatively urgent nature in the hope that they can be dealt with more expeditiously.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

School Medical Officer.

Milk in Schools Scheme

The number of schools supplied with milk is satisfactory; only 1 school has no milk scheme in operation. So far as possible, Tuberculin Tested milk is supplied in one-third pint bottles. Out of a total of 111 schools the number of schools supplied with milk is 110, as follows:—

Designation of milk supplied.				No. of Schools.
Milk from Attested herds	...	...	...	13
Tuberculin Tested	...	...	...	59
Pasteurised	...	...	...	34
Undesignated	...	...	...	4
				—
				110
				—

By arrangement with the Council's Sampling Officer all milk supplied to schools is submitted to bacteriological and pathological examination periodically.

Infestation (Uncleanliness)

During the past year 15,679 examinations were carried out by the District Nurses and the number of children found to be infested with lice or nits was 228, compared with 468 during the previous year.

The following table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.		No. of children found unclean.		Per cent. of children found unclean.	
1941	...	50,192	...	1,773	...	21.2%
1942	...	40,056	...	1,211	...	17.7%
1943	...	32,561	...	883	...	15.2%
1944	...	32,224	...	600	...	10.2%
1945	...	29,210	...	708	...	8.4%
1946	...	24,680	...	629	...	7.5%
1947	...	23,390	...	536	...	6.3%
1948	...	13,436	...	595	...	6.7%
1949	...	24,797	...	468	...	5.2%
1950	...	15,679	...	228	...	3.5%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing table as a percentage of the number of pupils on the registers at the end of the respective years.

The high incidence during the war years is now happily a matter of history and the continuing fall since the cessation of hostilities is very gratifying. It is hoped that the new procedure under Section 54 of the Education Act, 1944, will lead to further improvement, but as the figures for 1950 are the first collected under the new system the "improvement" for this year may be more apparent than real.

Tonsils and Adenoids

The enlargement of tonsils and adenoids was again one of the commonest defects noticed in school medical inspection.

Number of children found to have enlarged tonsils and adenoids requiring treatment	...	...	...	...	149
Number of children who received operative or other forms of treatment	...	...	...	...	208

The excess of children treated over those found to require treatment is due largely to the success of the efforts made by hospitals to reduce their waiting lists for this type of operation.

Speech Therapy

Owing to the impossibility of securing the services of a Speech Therapist, no treatment was carried out during the year.

Child Guidance Clinic

This clinic is held fortnightly at the Stramongate School Clinic premises. In the early part of the year the arrangements under which Dr. Braithwaite had continued to attend the Child Guidance Clinic were terminated, and by agreement with the Manchester Regional Hospital Board the services of Dr. D. H. H. Thomas, Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist.

Number of Clinics held during 1950	...	...	...	11
,, attendances	...	...	...	48
,, cases	...	...	...	24

Special Ear, Nose and Throat Defects

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness, infected sinuses. The following list illustrates the type of case referred:—

Condition.					No. of children referred.
Otorrhœa	...	...	...	...	5
Nasal discharge	...	...	...	...	3
Defective hearing	...	...	...	...	14
Epistaxis	...	...	...	...	1
Catarrh	...	...	...	...	6
Earache	...	...	...	...	1
Septic tonsils	...	...	...	...	1

Minor Ailments

In Kendal the Stramongate School Clinic has been held daily throughout the term for the treatment of children suffering from minor ailments. The commoner ailments have been multiple septic sores, minor injuries, impetigo contagiosa, other skin diseases, and minor eye defects. In addition to the treatment of minor defects, mothers have frequently sought the advice of the Clinic Doctor on points of health and general hygiene.

Skin Diseases

As will be seen from Table IV on page 14, the incidence of skin diseases is no longer a serious problem amongst the school-children in the County; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the instillation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

Orthopædic Scheme

At the beginning of the year the County Orthopædic Scheme was revised. As the Manchester Regional Hospital Board had established an Orthopædic Out-patient Department at the Westmorland County Hospital, the necessity for the continuance of Dr. Bucknell's Clinic in Kendal no longer existed and it was decided that all cases within reasonable reach of Kendal should be referred to the Westmorland County Hospital. Further, Mr. Kitchin, the Orthopædic Specialist, undertook to arrange for remedial exercises, etc., and follow-up treatment of these cases thus relieving Nurse Williams, the Orthopædic After-Care Sister, and enabling her to give more time to her Tuberculosis Health Visiting Duties.

Dr. Bucknell, the Medical Superintendent of the Ethel Hedley Hospital continued to hold the orthopædic clinics at Windermere, Kirkby Stephen and Penrith.

Number of children seen at Dr. Bucknell's clinics	...	222
„ new cases seen at Westmorland County Hospital		
Orthopædic Clinic	... ..	20
„ children who received in-patient treatment at		
the Ethel Hedley Hospital	... ..	15

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of new cases examined during the year was 38 and the Table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945:—

Category.	No. of children examined.
Partially deaf	2
Educationally subnormal	21
Physically handicapped and educationally sub-normal	2
Delicate	2
Ineducable (Section 57)	1
Found on examination not to be handicapped ...	10

The object of these examinations is to place the Handicapped Child in a school or class where he will receive special education calculated to make the best use of his limited capabilities. The position with regard to the placing of pupils in special boarding schools is far from satisfactory and many more such schools will require to be built before the problem is solved.

Diphtheria Immunisation

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given either by the County Council Medical Staff or the general practitioners at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose at five years old.

The success of this scheme may be judged from the fact that there were no cases of diphtheria notified among residents of the County during the year, compared with 62 notifications and six deaths in

1942, for example. Details of children immunised during the year, including those receiving reinforcing doses, are given below:—

Children below 5 years old	...	...	...	...	...	791
„ aged 5-15 years old	...	...	...	...	...	612
						<hr/>
Total					...	1,403
						<hr/>

Ultra-Violet Ray Clinics

There are two Ultra-Violet Ray Clinics within the County — one at Kendal and one at Windermere. The following number of school-children were treated:—

Clinic.	No. of children.			No. of attendances.
Kendal	26	238
Windermere	20	229

Treatment of Defective Vision

All school-children found to be suffering from refractive errors were referred to local opticians and, since the inception on 5th July, 1948, of the National Health Service Act, spectacles were supplied under the provisions of that Act, although the delay in obtaining spectacles, whilst considerably less than in 1948 and 1949, is still such as to give grounds for concern.

By arrangement with the Local Executive Council, Mr. Brownlie, the Eye Specialist, continues to hold a session fortnightly at the Stramongate School Clinic, to which clinic all children from the south of the County found to be suffering from eye conditions other than refractive errors are referred. A similar service for those in the north of the area is provided by Mr. Leslie Fraser at the Cumberland infirmary.

Number referred to Opticians	...	...	...	...	337
„ „ Consultant Eye Specialists	...	...	...	...	273

THE EDUCATION AREA

County of Westmorland:—

Area	...	...	...	...	...	504,917 acres.
Population (estimated)	...	...	...	...	...	66,570
Estimated product of id. rate for Education						
1950-51	...	...	...	...	...	£1,821
Number of Schools—Primary	...	...	...	...	...	100
Secondary	...	...	...	...	...	11

SUMMARY OF WORK DONE IN 1950

Medical Inspection (children inspected)	...	...	...	4,977
Dental Inspection (children inspected)	...	...	...	4,194
„ Treatment (children treated)	...	...	...	2,268
Special Eye Examination:—				
Children examined by Eye Specialists	...	...	...	273
„ „ Opticians	...	...	...	337
School Nurses' Visits to children at home	...	...	...	1,934
Children resident in the Orthopædic Hospital School in 1950				15
Number of school-children who attended Orthopædic Clinics				242

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Number of children who received in-patient treatment at the following Hospitals:—

Ethel Hedley Hospital	...	...	...	...	Nil.
Westmorland Sanatorium, Meathop	...	...	...	...	Nil.
Wrightington Hospital, near Wigan	...	...	...	...	1

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1950

Ladies and Gentlemen,

I have the honour to submit the Annual Report on dental inspection and treatment of Primary and Secondary School-children in the County of Westmorland. The total figures will be found on page 16.

The staff consists of the Senior Dental Officer and Dr. A. S. Carter, L.D.S., and two dental attendants. Most of Dr. Carter's time is spent at the Kendal Clinic where he treats the children who attend the Primary and Secondary Schools in Kendal and also certain schools in South Westmorland. The Senior Dental Officer has therefore to deal with the children in the remaining parts of the County. Treatment is carried out at the various dental clinics in the County and in the Mobile Dental Surgery. The latter visits many schools which are out of reasonable reach of any clinic and so saves the time of the Dental Officer, teachers and children. The school routine is not upset by the visit of the Surgery and instead of travelling several miles to a clinic, the children come, one at a time, from their classrooms for treatment. The Dental Van is still a source of great interest

to the children and its visit is quite an event in the life of the school.

With the present shortage of staff, it is quite impossible to make an annual visit for inspection and treatment and there is therefore a gradual worsening of dental conditions. Every effort is being made to reduce the time between visits to a minimum, but there is an inevitable increase in the number of "specials" who call at the clinics for emergency treatment.

During the year 4,194 children were inspected and 2,645 were treated. Once again it was possible to maintain the high ratio of fillings to extractions. General anaesthetics for extraction of teeth were administered in 200 cases.

Other operations consisted of 132 scalings, 152 silver nitrate applications and 297 dressings, gum treatments, stonings, etc. 117 visits were made by children in connection with orthodontic treatment, 24 new appliances were provided and 7 were completed. Various types of orthodontic appliances were used, e.g., oral screens, inclined planes, plates with retraction wires and springs, etc. 14 partial dentures were also supplied.

I should like to take this opportunity of thanking the various members of the dental staff for their work and co-operation during the year. The dental officers are greatly helped by the splendid assistance given to them by their respective dental attendants. It is impossible to overrate the value of their work in the School Dental Service, more especially in these difficult times.

I would also express my thanks to all Head Teachers for the very valuable assistance which they render as liaison officers between patients and dental officers.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

J. IRVINE,

Senior Dental Officer.

THE MINISTRY'S STATISTICAL TABLES

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	1,268
Second Age Group	...	...	...	...	...	...	734
Third Age Group	...	...	...	...	...	...	612
Total							2,614

Number of other Periodic Inspections...	...	...	...	173
Grand Total				2,787

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	198
„ Re-Inspections	...	...	...	...	4,779
Total					4,977

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	... 32	... 175	... 201
Second Age Group	... 95	... 54	... 135
Third Age Group	... 48	... 25	... 68
Total (prescribed groups)...	175	254	404
Other Periodic Inspections	23	19	32
Grand Total	198	273	436

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	Defect or Disease.	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation. but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation. but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin ..	3	13	5	2
5	Eyes—				
	a. Vision ..	198	126	98	28
	b. Squint ..	8	11	5	2
	c. Other ..	5	1	2	1
6	Ears—				
	a. Hearing ..	2	7	2	1
	b. Otitis Media ..	2	11	—	4
	c. Other ..	5	3	3	1
7	Nose or Throat ..	130	161	19	10
8	Speech ..	2	7	—	—
9	Cervical Glands ..	1	21	—	1
10	Heart and Circulation ..	3	35	—	3
11	Lungs ..	11	40	2	1
12	Developmental—				
	a. Hernia ..	2	2	1	1
	b. Other ..	1	—	2	—
13	Orthopaedic—				
	a. Posture ..	5	1	—	—
	b. Flat foot ..	45	9	5	1
	c. Other ..	65	41	7	4
14	Nervous system—				
	a. Epilepsy ..	—	1	—	—
	b. Other ..	—	—	—	1
15	Psychological—				
	a. Development ..	3	8	3	6
	b. Stability ..	1	15	1	1
16	Other ..	6	28	7	9

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.

Age Groups (1)	Number of Pupils Inspected (2)	A (GOOD) % of No. col. 2 (3)	B (FAIR) % of No. col. 2 (4)	C (POOR) % of No. col. 2 (5)
Entrants	1268	709 55.9	545 43	14 1.1
2nd Age Group	734	420 57.2	310 42.2	4 .6
3rd Age Group	612	370 60.5	239 39	3 .5
Other periodic inspections	173	101 58.4	69 39.9	3 1.7
Total ..	2787	1600 57.4	1163 41.7	24 0.9

TABLE III
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	15,679
(ii)	Total number of individual pupils found to be infested	228
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	28
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	6

TABLE IV
TREATMENT TABLES.

GROUP I.—DISEASES OF THE SKIN (excluding Uncleanliness,
for which see Table III).

		Number of cases treated or under treatment during the year.	
		(a) By the Authority.	(b) Otherwise.
Ringworm—(a) Scalp	...	2	4
(b) Body	...	3	—
Scabies	...	1	3
Impetigo	...	5	3
Other skin diseases	...	2	13
		—	—
Totals	...	13	23
		—	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Number of cases dealt with.			
(a) By the Authority. (b) Otherwise.			
External and other, excluding errors of refraction and squint ...			
	14		6
Errors of refraction (including squint)	561		49
	<hr/>		<hr/>
Totals ...	575		55
	<hr/>		<hr/>
Number of pupils for whom spectacles were			
(a) Prescribed ...	430		24
(b) Obtained ...	203		20

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Number of cases treated.			
(a) By the Authority. (b) Otherwise.			
Received operative treatment			
(a) for diseases of the ear ...	—		14
(b) for adenoids and chronic tonsilitis ...	—		208
(c) for other nose and throat conditions ...	—		4
Received other forms of treatment...	13		51
	<hr/>		<hr/>
Totals ...	13		277
	<hr/>		<hr/>

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools ...	15
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	242

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics:—							
(a) In the Authority Clinics ...	...	...	...	...	...	...	24
(b) Elsewhere ...	...	...	...	...	...	...	Nil.

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists:—							
(a) By the Authority ...	...	...	...	...	...	...	Nil.
(b) Otherwise ...	...	...	...	...	...	...	Nil.

GROUP 7.—OTHER TREATMENT GIVEN.

		Number of cases treated.	
		(a) By the Authority.	(b) Otherwise.
Miscellaneous Minor Ailments	...	285	12

NOTE:- It should be observed throughout Table IV, above, that the figures given for treatment other than that carried out under the Authorities arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

TABLE V DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were inspected by the Authority's Dental Officers:—

(a) Periodic Age Groups	...	...	...	...	3,934
(b) Specials	...	...	...	...	260
					—
(c) Total (Periodic and Specials)	...	...	...	...	4,194

(2) Number found to require treatment	...	...	...	...	2,881
(3) „ referred for treatment	...	...	...	...	2,881
(4) „ actually treated	...	...	...	...	2,268
(5) Attendances made by pupils for treatment	...	...	...	...	4,015

(6) Half-days devoted to	{	Inspection 71	}	Total	749
	{	Treatment 678	}		

(7) Fillings	{	Permanent teeth .. 2597	}	Total	3,103
	{	Temporary teeth .. 506	}		

(8) Number of teeth filled	{	Permanent teeth .. 2139	}	Total	2,556
	{	Temporary teeth .. 417	}		

(9) Extractions	{	Permanent teeth .. 462	}	Total	2,384
	{	Temporary teeth .. 1922	}		

(10) Administration of general anæsthetics for extractions	..	200
------------------------------------------------------------	----	-----

(11) Other operations	{	Permanent teeth .. 429	}	Total	581
	{	Temporary teeth .. 152	}		

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

		(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Education- ally sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1—9 (10)
In the Calendar Year :—							
A. Handicapped Pupils <i>newly placed</i>							
in Special Schools or Homes ...		1	1	—	—	—	2
B. Handicapped Pupils <i>newly ascer-</i>							
<i>tained</i> as requiring education							
at Special Schools or Boarding							
in Homes ...		1	—	2	4	—	8

Number of children reported during the Calendar Year under Section 57 (3) 1 and under Section 57 (4) 4 of the Education Act, 1944.

TABLE VI—(Continued).

	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)
	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Education- ally sub- normal (8) Mal- adjusted	Total 1—9 (10)
On or about 31st December:—					
C. Number of Handicapped Pupils from the area—					
(i) attending Special Schools as					
Day Pupils	—	—	—	—	—
Boarding Pupils	2	3	1	1	13
(ii) Boarding in Homes	—	—	—	—	—
Attending Assisted Schools					
(under approved arrange- ments)	—	—	—	—	—
...	—	—	—	—	—
Total (C) ...	2	3	1	1	13
	—	—	—	—	—
D. Number of Handicapped Pupils being educated under arrange- ments made under Section 56 of the Education Act, 1944:—					
(a) In hospitals	—	—	—	—	—
(b) Elsewhere	—	—	1	—	1
E. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced	—	1	2	11	18

TABLE VII

I.—STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Child Guidance).

School Medical Officer	...	JOHN ALLAN GUY.
Senior Dental Officer	...	JOHN IRVINE.

		Number		Aggregate staff in terms of the equivalent number of whole-time officers
Medical Officers	...	2	...	9/10
Dental Officers	...	2	...	2
Physiotherapists, Speech Therapists, etc. (specify)	...	—	...	—
School Nurses	...	34	...	2.3
Nursing Assistants	...	—	...	—
Dental Attendants	...	2	...	2

II.—NUMBER OF SCHOOL CLINICS (i.e., *premises* at which clinics are held for school-children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained Primary and Secondary Schools.

Number of School Clinics	...	5 + 1 Dental Van.
--------------------------	-----	-------------------

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment.	Number of School Clinics (i.e., premises) where such treatment is provided —		
	directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.	
(1)	(2)	(3)	
A. Minor ailment and other non-specialist examination or treatment ...	1	...	—
B. Dental ...	5	...	—
C. Ophthalmic* ...	1	...	—
D. Ear, Nose and Throat ...	—	...	—
E. Orthopædic ...	—	...	3
F. Pædiatric† ...	—	...	—
G. Speech Therapy ...	—	...	—
H. Others (specify) ...	—	...	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

† Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CLINICS.

Number of Child Guidance Centres provided by the Authority.

Staff of Centres—	(a) Number.	(b) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists	... 1	} One session fortnightly.
Educational Psychologists	... 1	
Psychiatric Social Workers	... Nil.	Nil.
Others (specify)—		
Mental Health Worker	... 1	One session fortnightly plus Home Visits.

The Psychiatrist is made available by the Manchester Regional Hospital Board.